Case 12-18930 Doc 6

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B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Consolator Okaneme	
	Debtor(s) Jumber:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case P	(If known)	The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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	Part II. CALCULATION OF M	10N	THLY INCOM	ME FOR § 707(b)(7	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies	and c	omplete the balance	e of this part of this state	mer	nt as directed.		
2	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
	b. Married, not filing jointly, with declaration "My spouse and I are legally separated under purpose of evading the requirements of § 70% for Lines 3-11.	nd I are living apart other than for the						
	c. ☐ Married, not filing jointly, without the decl ("Debtor's Income") and Column B ("Spo				b above. Complete both Column A			lumn A
	d. Married, filing jointly. Complete both Col				Spo	use's Income")	for Lin	es 3-11.
	All figures must reflect average monthly income r					Column A	Co	olumn B
	calendar months prior to filing the bankruptcy cas the filing. If the amount of monthly income varied					Debtor's	Sı	pouse's
	six-month total by six, and enter the result on the			you must divide the		Income	I	ncome
3	Gross wages, salary, tips, bonuses, overtime, co	mmi	ssions.		\$	6,470.00	\$	
	Income from the operation of a business, profes							
	enter the difference in the appropriate column(s)							
	business, profession or farm, enter aggregate num not enter a number less than zero. Do not include							
4	Line b as a deduction in Part V.	uny	part of the busine	ss expenses entered on				
			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary business expenses	\$	0.00		d.	0.00	¢.	
	c. Business income		btract Line b from I		\$	0.00	3	
	Rents and other real property income. Subtract the appropriate column(s) of Line 5. Do not enter							
	part of the operating expenses entered on Line							
5	Debtor Spouse							
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary operating expenses		0.00 btract Line b from I		\$	0.00	¢.	
	c. Rent and other real property income	Su	otract Line o nom i	Line a		0.00		
6	Interest, dividends, and royalties.				\$	0.00		
7	Pension and retirement income.				\$	0.00	\$	
8	Any amounts paid by another person or entity, expenses of the debtor or the debtor's depender purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular p if a payment is listed in Column A, do not report to	its, ii itena ayme	ncluding child supported payments or an art should be reported	port paid for that nounts paid by your ed in only one column;	\$	0.00	\$	
9	Unemployment compensation. Enter the amount However, if you contend that unemployment combenefit under the Social Security Act, do not list to or B, but instead state the amount in the space bel	pensa he an	ation received by yo	ou or your spouse was a				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	or\$	0.00 Spc	ouse \$	\$	0.00	\$	
10	Income from all other sources. Specify source are on a separate page. Do not include alimony or se spouse if Column B is completed, but include al maintenance. Do not include any benefits receive received as a victim of a war crime, crime against domestic terrorism.	para l oth d un	te maintenance pay er payments of alid der the Social Secur	yments paid by your mony or separate rity Act or payments				
	a.	\$		\$				
	b.	\$		\$				
	Total and enter on Line 10				\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707(Column B is completed, add Lines 3 through 10 in				\$	6,470.00	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		6,470.00		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	N				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. \$77,640.0					
14	Applicable median family income. Enter the median family income for the applicable state and ho (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankru					
	a. Enter debtor's state of residence: MA b. Enter debtor's household size:	3	\$	80,822.00		
The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does n top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of	of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	ATION OF CUR	RENT	MONTHLY INCOM	1E FOR § 707(b) (2	2)
16 Enter the amount from Line 12.					\$	
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. [a.]					
	b.			\$		
	c. d.			\$ \$		
	Total and enter on Line 17			Ψ		\$
18	Current monthly income for § 70'	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION (OF DI	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	ndard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Lin c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 year		-0	Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons		a2. b2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense be Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42.	ty and family size (this information is purt) (the applicable family size consists of deral income tax return, plus the number of all of the Average Monthly Payments for any a Line a and enter the result in Line 20B. Do	6			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation. You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the	f whether you pay the expenses of operating a es or for which the operating expenses are unt from IRS Local Standards:				
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle	Subtract Line b from Line a. 2. Complete this Line only if you checked	\$			
24	the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

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26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$			
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your				
34	dependents.				
34	a. Health Insurance \$				
	b. Disability Insurance \$				
	c. Health Savings Account \$	\$			
	Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$			

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will conting anization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of I	Lines	34 through 40		\$
		S	ubpart C: Deductions for De	bt F	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Total: Add Lines		\$
43	payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					n may include in on to the ld include any	
	a.	Traine of election	Troperty Becaring the Best		\$		
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. b.	issued by the Executive Office	trict as determined under schedules e for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x To	tal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$		
		St	ubpart D: Total Deductions f	rom	Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707((b)(2))		\$
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 a	and enter the resu	ılt.	\$
51		60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$

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	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
		☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed	as directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE	CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All f each item. Total the expenses.	your current monthly income under	er §				
	Expense Description	Monthly Amour	nt				
	a.	\$					
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Lines a, b, c, and d	\$					
	Part VIII. VERIFICATION	N					
	I declare under penalty of perjury that the information provided in this statement <i>must sign.</i>)	is true and correct. (If this is a join	t case, both debtors				
57		re: /s/ Consolator Okaneme					
51		Consolator Okaneme					
		(Debtor)					

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.